

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/523532</u>	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing	1	10/6/05	\$ 250
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
			7 TOTAL AMOUNT OF REFUND <div align="right" style="font-size: 1.2em;">\$ 250</div>

10 REASON: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): _____ </div>	8 TO BE REFUNDED BY: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: <div style="border: 1px solid black; display: inline-block; padding: 2px; text-align: center;">19--0735</div> </div>
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11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: _____ SIGNATURE: <u>P. L. Arnold</u> OFFICE: _____	TITLE: _____ PHONE: <u>703-389-1062</u>
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: